

Office of Problem-Solving Courts

Judiciary Education and Conference Center
2011 D Commerce Park Drive
Annapolis Maryland 21401
Phone - 410.260.3615 ~ Fax 410.260.3620

OPSC FY 09 ~ Training Request Form

Participant Name:

Address:

Phone:

Email:

Drug Court Role/Type of Program/County:

~Training Request – Please Provide Assistance ~

A. I have a topic, please assist with locating a presenter

Provide Detail:

~Training Request – Outside Vendor ~

B. I have scheduled training or adult education session identified

1. Training Provided by:

2. Cost per person: \$

Cost for team: (per person cost x #) \$

3. Team or Individual: If team – how many team members

4. Deadline for Registration:

5. Lodging Requested: (must be 50 or more away from Home Residence)

6. Expenses Requested: In accordance with meal and incidental allowances

7. Circuit or District Court Employee

- Enclose the agenda for the training/adult education session and a copy of the completed registration form.
- A certificate of completion is required in order to receive any reimbursements for travel or incidentals. It is the participant's responsibility to complete the process unless otherwise stated.
- Hotel Arrangements Only the Office of Problem-Solving Courts can make hotel arrangements. The meal reimbursements are set by the State of Maryland and should be confirmed prior to completing an expense report.
- Expense Reports will be accepted up to 30 after the training is complete. Blank Expense Reports will be available on the OPSC website under the Training Page. Meals and Mileage will be reimbursed based on approvals for training.
- Approvals will be emailed to the participant and Drug Court Coordinator within 3 business days from the date of receipt.
- Confirmations of Hotel Arrangements will be emailed with in seven (7) days from the date of approval.

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~Office Use Only ~

Date Received: \_\_\_\_\_ Approval Status: \_\_\_\_\_ Email Confirmation Sent: \_\_\_\_\_

Completion Certificate Received: \_\_\_\_\_ Expense Report Due By: \_\_\_\_\_

Expense Report Paid \$ \_\_\_\_\_ Grant # \_\_\_\_\_ # of Requests \_\_\_\_\_